BEST AVAILABLE COPY

}	M	ULTIPI	LE DEP	ENDE	T CLA	IM		SERIAL N	Oq			IFILING P			
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET									10 339023				FILING DATE		
(FOR USE WITH FORM PTO-875)									APPLICANT(S)						
							CLAIM	<u> </u>							
	ACE	ell en	AF	TER	· AF	TER	<u> </u>								
	AST	AS FILED IND. DEP.		1"AMENDMENT		2 MAMENDMENT				AS FILED		AFTER		AFTER	
	IND.			IND. DEP.		DEP.	1		IND.	222	I AMENDMENT		2 MAMENDMENT		
1	ļ				IND.			51	MVD.	DEP.	IND.	DEP.	IND.	DEP.	
3	 			•				52							
- 4				, –				53					<u> </u>	 	
5						 	1	54 55							
<u>6</u> 7								56	ļ ———	·	 				
8					-			57						 	
9								<u>58</u> 59							
10	 							60							
12			0 .	,				61	·			-		ļ	
13				ı ı		· ·		62	<u> </u>						
14							Ì	64 -		<u>-</u> -		-:			
15 16					· ·		i	65							
17							-	66							
18							. }	67 68		· · · ·					
19 20						·	1	69							
21				-			1	70							
22							-	71 72							
23							. [73							
25							1	74							
26							ŀ	75· 76							
27								77							
29								78							
30							ŀ	79 80							
31 32								81							
33							·	82						<u> </u>	
34								83 84							
35 36								85							
37		 -					F	86		->					
38							. -	87 88							
39 40								89		 		 -			
41								90							
42					 -			91 92							
43							E	93							
45			<u>-</u> -					94							
46			+				-	95 96				[_		· ·	
47		-,						97							
48		-						98							
50							-	99 100							
OTAL IND.		1	3	#		4	ro	OTAL IND.		4		1		1	
OTAL DEP		6=	11	(32		(1	ro	OTAL DEP	•	4		ta		ا ئے	
TOTAL CLAIMS					8			TOTAL CLAIMS	2				- F		
PTO - 1360 (F	REV. (1/04)								U.	S. DEPARTA	TENT of COM	MERCE			